

NOV 28 2003

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Fax Cover Sheet

DATE: November 28, 2003

TIME: 12:28 PM

TO: EXAMINER SWENSON
ART UNIT 3818

PHONE:
FAX: 703-872-9306

FROM: ROBERT A. PARSONS
Parsons & Goltry

PHONE: 602-252-7494
FAX: 602-252-7198

RE: 09/785,611; OPALKA; AMBULATORY APPARATUS..., OFFICE ACTION
RESPONSE

Number of pages including cover sheet: 16

Confirmation Copy to follow? ☒ No ☐ Yes

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Message

NOV 28 2003

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Susan Opalka)
Serial No.: 09/785,611) Ex: SWENSON, B.
Filed: 16 February 2003) Art Unit: 3618
For: AMBULATORY APPARATUS AND)
METHOD OF MANUFACTURE THEREOF)

CERTIFICATION OF FACSIMILE TRANSMISSION

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that this correspondence, consisting of Amendment Transmittal Form and Response, Amendment and Request for Reconsideration, thirteen (13) pages, is being facsimile transmitted to the Patent and Trademark Office (Fax. No. 703-872-9306) on the date shown below.

Wet Edlitz
Signature

28 November 2003

28 Nov 2003
Date

Respectfully Submitted,

Robert A. Parsons

Robert A. Parsons
Attorney for Applicant
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340 East Palm Lane
Suite 260
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(602) 252-7494

Applicant: Susan Opalka)
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Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above identified application.

- ☒ Small entity status is claimed by client
☐ Design Application, no additional fee required.
☒ Utility application, fee calculated on table below.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No Previously Paid For	Present Extra	Small Entity	Large Entity
TOTAL	8 -	20	0	X 9 = \$0	or X 18 = \$
INDEP	3 -	3	0	X 43 = \$0	or X 86 = \$
MULTIPLE DEPEND CLAIM PRESENTED				X145 = \$0	or X290 = \$
				TOTAL	or TOTAL \$
				\$	

— Please charge the Deposit Account No. _____ in the amount of \$ _____.

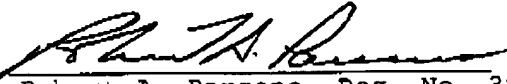
— The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____.

— A duplicate copy of this transmittal sheet is enclosed.

— A check in the amount of \$ _____ is attached.

Respectfully submitted,

11/28/03
 DATE


 Robert A. Parsons, Reg. No. 32,713